



"People
helping people
help
themselves"

Frank O'Bannon, Governor
State of Indiana

Division of Disability, Aging, and Rehabilitative Services

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John Hamilton, Secretary

To: Waiver Interested Parties

From: Cheryl Waltermire, Assistant Director
TG Williams, Assistant Director
Bureau of Developmental Disabilities Services

Date: June 2, 2003

Re: Bulletin 39 – Case Management and Conversions of CCBs for DD, Autism and
Support Services Waivers

This bulletin is intended to provide additional information to the recently announced revisions to Case Management services for individuals with developmental disabilities, the revision of Transportation services, and elimination of Driver services. It will also describe the changes to the INsite software program, the provider and case management databases, and the automatic conversions Cost Comparison Budgets (CCBs) for individuals served by the DD, Autism and Support Services Medicaid Waivers.

Revisions to Case Management

Ongoing Targeted Case Management (TCMO) will be eliminated, and its Medicaid billing procedure code of Z5141 will no longer be able to be billed for dates of service after June 30, 2003.

Case Management will be a required service for all individuals served by the DD, Autism and Support Services Medicaid Waivers effective July 1, 2003.

All entities that are currently certified as Medicaid TCMO providers should have received from EDS instructions for enrollment as a Medicaid Waiver provider of Case Management services. If you have not received these instructions, you should contact Mona Green, EDS Provider Enrollment, at Mona.Green@eds.com. These enrollment forms must be completed and returned to EDS Provider Enrollment by June 20, 2003 to assure enrollment and issuance of Medicaid Waiver provider numbers by July 1, 2003.

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There will be no automatic certifications of TCMO providers as Medicaid Waiver Case Management providers in the INsite System. As Medicaid Waiver provider numbers are issued by EDS, the central office staff of BDDS will enter the number in the INsite provider database and will enter the entity's certification for Case Management for the DD, Autism and Support Services Medicaid Waivers. This will enable the entity to appear on the "pick lists" for providers of these Waiver services.

Each Waiver Case Manager will be issued his or her own Medicaid Waiver Case Manager provider number. Each entity must enter this number for every one of its active Case Managers in the INsite Case Manager database. To do this go to the INsite main screen, then Supporting Data, then Case Management, then Case Managers, then Retrieve by last name, then Edit, then enter the number in the Waiver Provider Number field, then Save. Repeat these steps for all active Case Managers. Effective in July, Case Managers will not be able to finalize CCBs unless they have obtained a Waiver provider number and it has been entered in the INsite Case Manager database.

As entities add new Case Managers, administrative staff of the entity are to complete a Case Manager certification form (use the existing TCM and TCM Designee forms until further notification) and send the certification form and Medicaid provider enrollment forms to EDS to obtain an individual Medicaid Waiver provider number for the Case Manager. This number must be entered by the entity in the INsite Case Manager database before a Case Manager will be able to finalize a Waiver CCB. Independent Case Managers will need to continue to request PZ numbers from the State by sending an email to bbates@fssa.state.in.us

The billing procedure code is Z5702 for Waiver Case Management for the DD, Autism as well as the Support Services Waivers. The rate is \$9.56 and the unit is ¼ hour. Billing will be on the HCFA Form 1500. For individuals on the DD Waiver, Case Management will be sent to EDS and entered in Indiana AIM as a prior authorized service. The prior authorization will be the total number of units authorized over the life of the CCB. For CCBs that are converted (see below) the prior authorization will be the total number of units approved for the period of July 1, 2003 through the end of the CCB. For example, when a CCB that covered the period January 1, 2003 to December 31, 2003 is converted, the converted CCB will cover the period July 1, 2003 to December 31, 2003 and will include up to 24 units (6 hours) per month of Case Management. Over the six-month period, up to a total of 144 units (36 hours) of Case Management may be billed, with some months less and some months greater than 24 units per month.

Intake Targeted Case Management (TCMI) will continue to be a Medicaid State Plan service. Local BDDS offices and participating Area Agency on Aging will continue to be certified as TCMI entities. The billing procedure code will continue to be Z5140, the rate will continue to be \$9.56 per ¼ hour unit, and claims will continue to be submitted to EDS using the HCFA Form 1500.

Other changes to Targeted Case Management will be forthcoming.

Transportation and Driver Services

Please review Bulletin 37 dated May 15, 2003 regarding Revision of Transportation and Elimination of Driver Services. In summary, the following changes will be effective July 1, 2003.

A. Driver Services for the DD, Autism and Support Services Waiver

1. Driver – 1 Person (Z5173) will be eliminated for dates of service after June 30, 2003
2. Driver – 2-4 People (Z5174) will be eliminated for dates of service after June 30, 2003
3. Driver – 5-8 People (Z5175) will be eliminated for dates of service after June 30, 2003
4. Driver – 9 or More People (Z5176) will be eliminated for dates of service after June 30, 2003

B. Transportation Services

- All providers who are currently certified to provide Transportation for the DD, Autism and Support Services Waivers will continue their certification July 1, 2003 and beyond.
- All previously approved Transportation (Z5142) on DD, Autism and Support Services Waiver CCBs will be terminated for dates of service after June 30, 2003 and replaced by the following:
 1. For individuals in residential settings with **24 hour paid staff supports** for DD and Autism Waivers.
 - a. Transportation – Level 1 The individual does not require mechanical assistance to transfer in and out of vehicle. Monthly rate is \$150 and billing code is Z5195. Providers will continue billing staff time while providing transportation. INsite code is TLV1 to replace T124.
 - b. Transportation – Level 2 The individual requires mechanical assistance to transfer into and out of vehicle and vehicle must be modified to accommodate the individual. Monthly rate is \$300 and billing code is Z5142. Providers will continue billing staff time while providing transportation. INsite code is TLV2 to replace T224.
 2. For individuals in residential settings with **less than 24 hour paid staff supports** for DD and Autism Waivers.
 - a. Transportation – 1st Round Trip per Day. Rate is \$8.91 and billing code is Z5196. Only one 1st round trip per day is allowed, and the maximum is 31 per month. If one-way trips are provided, they may be totaled for the month and billed, but they must be rounded down to the nearest whole round trip. Providers are not to bill staff time while providing this transportation. INsite code is T1ST, replacing T1 or T2.
 - b. Transportation – 2nd Round Trip per Day. Rate is \$2.00 and billing code is Z5197. Only one 2nd round trip per day is allowed, and the maximum is 31 per month. If one-way trips are provided, they may be totaled for the month and billed, but they must be rounded down to the nearest whole round trip. Providers may bill also for the service time of the staff who is providing this transportation. INsite code is T2ND, replacing T1 or T2.
 3. For individuals receiving **day services only** (that is, no Residential Habilitation and Support services) for DD, Autism, and Support Services Waivers.
 - a. Transportation Day Service – 1st Round Trip per Day. Rate is \$8.91 and billing code is Z5198. Only one 1st round trip per day is allowed, and the maximum is 23 per

month. If one-way trips are provided, they may be totaled for the month and billed, but they must be rounded down to the nearest whole round trip. Providers are not to bill staff time while providing this transportation. INsite code is TD1, replacing T1 or T2.

- b. Transportation Day Service – 2nd Round Trip per Day. Rate is \$2.00 and billing code is Z5199. Only one 2nd round trip is allowed per day, and the maximum is 23 per month. If one-way trips are provided, they may be totaled for the month and billed, but they must be rounded down to the nearest whole round trip. Providers may also bill for the service time of the staff who is providing this transportation. INsite code is TD2, replacing T1 or T2.

Transportation to medical appointments must access those sources available through the Medicaid State Plan.

INsite Patch Release

On Monday, June 2, 2003 an INsite patch will be released by Roeing Corporation. **It is imperative that all current TCM entities install this patch on all central systems and all remote systems no later than Thursday, June 5, 2003.** This patch will include several changes to the software, among them:

- ISP module
- Changes to the Case Management hours module to allow the entry of Waiver Case Management time for DD, Autism and Support Services Waivers
- Elimination of TCMO after June 30, 2003
- Addition of Case Management as a Waiver service starting July 1, 2003
- Changes to the computation of the Residential Habilitation and Support Daily Rate
- Establishing Transportation as a scheduled service on the service planner
- Changes to the Transportation “caps\edits”
- Elimination of Driver services

Automatic Conversion of CCBs

It is anticipated that on Thursday, June 5, 2003 all currently approved CCBs for individuals on the DD, Autism and Support Services Waiver.

This conversion will be done at the BDDS central office. CCB decision letters will be emailed to Case Managers for the individuals, and Notice of Action forms will be emailed to those providers who have entered their email addresses on the Roeing Corporation website to receive them.

Only those Case Managers who have installed the above INsite patch on their systems will be able to receive the CCB decision “actions”.

The “actions” for these converted CCBs should be exported from the State system on Friday, June 6 and should be able to be imported by Case Managers’ central systems later that day.

Case Managers must print the Notice of Action forms for all their individuals after the “action” has been imported. The Case Manager must sign these forms and copies sent to each consumer and all providers of services for each consumer.

The conversion routine completed at the State will make the following changes to the most currently approved CCB for the period that includes July 1 or after:

- A. Targeted Case Management will be converted as follows:
 - 1. All Targeted Case Management (both Ongoing and Level of Care) units with dates of service on or after July 1, 2003 will be zeroed out.
 - 2. All Targeted Case Management (both Ongoing and Level of Care) units with dates of service on or after July 1, 2003 will be switched to Waiver Case Management using procedure code Z5702.
 - 3. All Targeted Case Management converted to Waiver Case Management will be up to a maximum of 24 units (6 hours) per month.
 - 4. Because the provider ID for Targeted Case Management had not previously been required on the CCB, the Waiver Case Management service may indicate a “To Be Announced” provider. That will be acceptable for the short-term.
- B. ALL Driver service units with dates of service on or after July 1, 2003 will be zeroed out.
- C. Transportation services will be converted as follows:
 - 1. All existing Transportation services will have the expiration date of billing code Z5142 changed to June 30, 2003. For the DD Waiver, EDS will end-date all prior authorizations for Z5142 on June 30, 2003.
 - 2. All Transportation – Level 1 for individuals with 24-hour paid staff (T124) with dates of service on or after July 1, 2003 will be converted to \$150 per month and use the new INsite code TLV1 and the new billing code of Z5195.
 - 3. All Transportation - Level 2 for individuals with 24 hour paid staff (T224) with dates of service on or after July 1, 2003 will be converted to \$300 per month and use the new INsite code TLV2 but will continue to use the billing code of Z5142.
 - 4. All Transportation codes for individuals with less than 24 hour paid staff (T1 and T2) with dates of service on or after July 1, 2003 will be zeroed out

Unapproved CCBs

- As noted above, only approved CCBs will be converted
- Any CCBs that have been submitted to the State and are still pending will not be converted. However, when the Waiver Specialist approves that CCB, it will automatically be converted at that time. Thus, there will be two approvals issued, the approval of the CCB that was submitted and the approval of the converted CCB.

Updates of Converted CCBs and New Initial, Annual and Update CCBs

Annual periods of the CCBs for individuals should not be altered to accommodate these changes. The INsite software patch will prevent TCMO, Driver, and the “old” Transportation services from being included on CCBs for dates of service July 1, 2003 and after. However, these services will be able to be included on CCBs that include dates prior to July 1, 2003.

Case Managers will need to review the effects of these changes with the individual and the support team and prepare update CCBs to continue to meet the needs of the individual as identified in the ISP. Updated Service Planners will be needed when updating CCBs for the DD and Autism Waivers. Some examples of CCBs that will likely need revision are:

- Since the existing T1 and T2 Transportation service is based on miles and, since the new transportation service is based on trips, the conversion will NOT create any “replacement” Transportation service for these services that are end-dated June 30, 2003. Thus, each Case Manager must submit an update CCB for any non-24 hour Transportation service with dates of service on or after July 1, 2003.
- For the DD and Autism Waivers Transportation – 1st Round Trip per Day should be included on Service Planners as “scheduled” services, since it includes the staff time as part of the unit rate. When these scheduled services replace others on the Service Planner the units of other services may be changed and result in the need to update the CCB.
- Since Driver services are being eliminated, Service Planners and CCBs that included these services may need to be revised to better reflect the services to be provided. This is especially applicable for individuals whose RHS Daily rate has included Driver services as part of the calculation.

Case Managers hours will continue to be based on the needs of the individuals. For most individuals, it is expected Case Management services will be limited to no more than an average of 24 units (6 hours) per month. As with other Waiver services, Case Management will require justification, and any CCBs containing more than an average of 24 units per month will require significant justification.

Case Managers who experience difficulties receiving the converted CCBs for individuals they serve should send an email with the subject CONVERSION and include the individuals’ names, Social Security Numbers and brief description of the problem to:

For the Autism Waiver, Lynn Jump at ljump2@fssa.state.in.us

For the DD Waiver, Francis Sanford at fsanford@fssa.state.in.us

For the Support Services Waiver, Linda Church at lchurch@fssa.state.in.us

Thank you for your continuing efforts. If you have questions concerning provider enrollment please contact Cheryl Waltermire at cwaltermire@fssa.state.in.us and if you have questions about the conversion process please contact TG Williams at twilliams2@fssa.state.in.us